



# Intercultural

Montessori Language School

## Summer Language & Culture Camp

### Registration Opens January 2018

#### Program Highlights:

Cultural exposure programs in your choice of target language:

- Spanish/English
- Chinese Mandarin/English
- Japanese/English

\*Special events in every session

**Montessori Approach: Each session is built around the Montessori Curriculum:**  
**Practical Life • Sensorial • Language • Mathematics • Culture**



**Session 1 (2 week session): Musical Adventure.....June 11 - June 22**

**Session 2 (2 week session): Exploring our world.....June 25 - July 6 (July 4<sup>th</sup> off)**

**Session 3 (2 week session): Botany Bonanza.....July 9 - July 20**

**Session 4 (2 week session): Journey into Outer space July 23 - August 3**

**Session 5 (2 week session): Math Camp.....August 6 - August 17**

#### CHOOSE YOUR PLAN:



##### **Plan A: Half Day**

8:30 am - 12:30 pm

\$720 per session

\*\$360 for one week

##### **Plan B: Full Day**

8:30 am - 3:00 pm

\$820 per session

\*\$410 for one week

##### **Plan C: Extended Day**

8:30 am - 6:00 pm

\$980 per session

\*\$490 for one week

**\*\$200 deposit per session due May 1<sup>st</sup>**

**\*Balance due in full by June 1<sup>st</sup>**

**Registration information available in January**





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Montessori Language School

## 2018 Summer Camp Registration- Chicago Campus

Child's Name						
Birth Date	/	/	Age as of Jun 19		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Summer?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Language	<input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese			
Program & Sessions	<input type="checkbox"/> <b>Half Day</b> (8:30am -12:30pm)	<input type="checkbox"/> <b>Full Day</b> (8:30am -3:00pm)	<input type="checkbox"/> <b>Extended Day</b> (8:30am – 6:00pm)	<input type="checkbox"/> <b>\$200.00 deposit per session</b>		
<b>Session #1:</b> (Jun 11 –Jun 22)	<input type="checkbox"/> Session 1: \$720	<input type="checkbox"/> Session 1: \$820	<input type="checkbox"/> Session 1: \$980	<input type="checkbox"/> Session 1: _____		
<b>Session #2: 7/4 Off</b> (Jun 25 - July 6)	<input type="checkbox"/> Session 2: \$720	<input type="checkbox"/> Session 2: \$820	<input type="checkbox"/> Session 2: \$980	<input type="checkbox"/> Session 2: _____		
<b>Session #3:</b> (July 9– July 20)	<input type="checkbox"/> Session 3: \$720	<input type="checkbox"/> Session 3: \$820	<input type="checkbox"/> Session 3: \$980	<input type="checkbox"/> Session 3: _____		
<b>Session #4:</b> (July 23– Aug 3)	<input type="checkbox"/> Session 4: \$720	<input type="checkbox"/> Session 4: \$820	<input type="checkbox"/> Session 4: \$980	<input type="checkbox"/> Session 4: _____		
<b>Session #5</b> (Aug 6- Aug 17)	<input type="checkbox"/> Session 5: \$720	<input type="checkbox"/> Session 5: \$820	<input type="checkbox"/> Session 5: \$980	<input type="checkbox"/> Session 5: _____		

**For non-Intercultural students, please complete the following:**

Name: Parent / Guardian #1		Name: Parent / Guardian #2	
Address			
Home Phone	( )		
#1(work)	( )	#2 (work)	( )
#1 (cell)	( )	#2 (cell)	( )
# 1 E-mail		# 2 E-mail	

**I understand that this registration and a nonrefundable deposit of \$200 per session is due by May 1, 2018 and the balance is due on or before June 1<sup>st</sup>, 2018.** Payments must be made by check payable to: Intercultural Montessori Language School. Cancellations must be submitted in writing. All deposits and payments are non-refundable and non-transferable.

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date submitted: \_\_\_\_\_

**SUMMER CAMP**  
**INTERCULTURAL MONTESSORI LANGUAGE SCHOOL**  
**EMERGENCY CONTACT / PICK-UP AUTHORIZATION**

Student's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Campus:  Chicago  Oak Park

***For Current Intercultural Students Only:***

I am choosing to update my student's emergency contact form online before June 1st. (Please skip the next section.)

**Emergency Contact Information / Pick-Up Authorization**

Who do we call in case of emergency? Who may pick up your child?

Parent/Guardian #1 Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Emergency Contact      Relationship to child \_\_\_\_\_  
 Authorized to pick-up

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Emergency Contact      Relationship to child \_\_\_\_\_  
 Authorized to pick-up

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Mobil phone \_\_\_\_\_

Emergency Contact      Relationship to child \_\_\_\_\_  
 Authorized to pick-up

**Medical Information**

Medical conditions, **ALLERGIES**, medications

Doctor's Name & Phone \_\_\_\_\_

Signed by parent #1 or legal guardian \_\_\_\_\_  
(please sign)

Signed by parent #2 or legal guardian \_\_\_\_\_  
(please sign)